

Benefit Choice Options



College Insurance Program

**Department of Central Management Services
Bureau of Benefits**

Effective July 1, 2004 - June 30, 2005

Rod R. Blagojevich, Governor
Michael M. Rumman, Director

**Benefit Choice is
May 31 - June 18, 2004**

Table of Contents

Your Responsibilities	1
Steps to Follow to Make a Benefit Choice Change	1
Changes to Your Benefit Elections During the Year	1
Important Changes for Fiscal Year 2005	2
Changes Specific to Managed Care Plans (HMO/OAP)	2
Changes Specific to the College Choice Health Plan (CCHP)	2
College Choice Dental Plan (CCDP)	2
Vision Plan	2
Keep Up-to-Date on Details	2
Monthly Premium Information	3
Frequently Asked Questions (FAQs) about Benefits	3
Prescription Drug Plan	4
In-Network Benefits	4
Out-of-Network Benefits	4
Mail Service Program	4
Coordination of Benefits (COB)	4
Exclusions	4
Medical Plan Comparison	5
Managed Care Plans	6
Health Maintenance Organizations (HMOs)	6
Open Access Plan (OAP)	6
Important Reminders About Managed Care Plans	6
Managed Care Plans in Illinois Counties	7
The College Choice Health Plan (CCHP)	8
CCHP - Avoiding Monetary Penalties Through Notification	8
CCHP - Hospital Preferred Provider Organizations (PPO)	8
CCHP - CIGNA Healthcare PPO Networks	8
Dental Plan	9
Who to Call for Information.....Plan Administrators	10
CIP Benefit Recipient Group Insurance Form	11
CIP - Instruction Sheet for Benefit Recipient Group Insurance Election Form	12
CIP Dependent Beneficiary Group Insurance Form	13
CIP - Instruction Sheet for Dependent Beneficiary Group Insurance Election Form	14

The State of Illinois intends that the terms of this plan are legally enforceable and that the plan is maintained for the exclusive benefit of the Benefit Recipient. The State reserves the right to change any of the benefits and costs described in this Benefit Choice Options Booklet. This Booklet is produced annually and is intended to update the Benefits Handbook. If there is a discrepancy between the Benefit Choice Options Booklet, the Benefits Handbook and state or federal law, the law will control.

Your Responsibilities

Benefit Choice Period is May 31 - June 18, 2004. It is the time of year to review and/or make changes to your health benefit plan. Benefit Choice is the only time, other than a qualifying change in status, that you can change plans or add/drop dependent coverage (see 2002 Benefits Handbook).

Steps to follow to make a Benefit Choice change:

1. **Read the information in this booklet.** It is your responsibility to know the benefit coverages and limitations. If necessary, obtain additional information on the plan in which you are currently enrolled or in which you are considering enrolling.
2. **Make your medical plan choices.** Review the features below to help you make the best healthcare choices for you and your family. Enrolled dependents are covered by the same medical plan as the member. Plans differ with respect to:
 - Services covered
 - Deductibles, copayment levels and out-of-pocket maximums
 - Geographic limitations
 - Healthcare provider network

You have three (3) types of medical plans to choose from:

Managed Care Plans

- Health Maintenance Organizations (HMO)
- Open Access Plan (OAP)

Indemnity Plan

- College Choice Health Plan (CCHP)

Managed care plans have geographic and provider limitations. If you are interested in a managed care plan, you should carefully review the information on page 6 and the Managed Care Plans in Illinois Counties map on page 7. Network provider directories are available from each plan administrator. The CCHP is available regardless of your place of residence.

Remember: There can be changes in your coverage even if you do not change plans. Specific questions regarding coverage should be directed to each respective plan administrator. Telephone numbers and web addresses are listed on page 10.

Note: Dental and vision are included in your coverage. No action is necessary - coverage is automatic with enrollment into a health plan.

3. Complete the CIP Benefit Recipient Group Insurance Form that is located at the end of this booklet. Only complete this form if you want to make a change to your benefits during the Benefit Choice election period. Submit the completed form to the State Universities Retirement System (SURS) during the Benefit Choice election period that ends on June 18, 2004.

4. Review the Verification Statement that will be mailed to you from the Department of Central Management Services to confirm your Benefit Choice election changes. This statement will be sent to you after your Benefit Choice election has been processed.

Changes to Your Benefit Elections During the Year.

You may change your benefit elections during the year only if you have a qualifying change in status (life event change) that impacts your benefit needs. You must contact SURS when one of the following events occur:

- You and/or your dependents have a change of address.
- You experience a life event change that may affect eligibility for you or your dependent(s) such as:
 - birth/adoption of a child, (enrollment for a newborn is not automatic. Contact SURS within 30 days of birth for coverage to be retroactive to birth).
 - marriage, divorce, legal separation or annulment.
 - death of spouse or dependent.
- You or your enrolled dependents have other group insurance coverage including Medicare, or gain other coverage during the plan year. Provide a copy of the insurance or Medicare card to SURS as soon as possible.

Important Benefit Changes For Fiscal Year 2005

The information below represents changes to the College Insurance Program (CIP). Carefully review all the information in this Benefit Choice Options Booklet. **This Booklet contains updates to the CIP Benefits Handbook.** You should review this publication each year to be aware of changes in the benefits available. Benefit Choice is May 31 - June 18, 2004. **All selections made during Benefit Choice will be effective July 1, 2004.**

Changes specific to Managed Care Health Plans (HMO/OAP)

Managed Care Health Plans - the plans that were available last year continue to be available. Several of the plans have expanded their service areas. Managed Care Health Plans will not be sending marketing material automatically. If you need specific information, contact the plan directly or visit **www.benefitschoice.il.gov** for information and links to the Managed Care Health Plan websites. For details on plans in your area, see page 7.

Prescription Drug Benefit - All prescription drug copayments will change to \$7.00 Generic, \$14.00 Formulary Brand and \$28.00 Non-Formulary Brand. Contact your Health Plan Administrator's Prescription Benefit Manager for detailed information including the Preferred Drug List (formulary). If enrolled in Healthlink Open Access Plan (OAP) and Health Alliance Illinois, see page 4 for prescription drug information. See page 10 for Plan Administrator information.

Changes specific to the College Choice Health Plan (CCHP)

The CCHP Hospital Preferred Provider Organizations - includes over 200 hospitals statewide. The list is no longer provided in this book. The list is available on line at **<http://provider.healthcare.cigna.com/soi.html>**

College Choice Dental Plan (CCDP)

There are no changes to the dental plan. For a detailed description of your dental plan benefits, see the schedule of benefits in the previous year's (FY04) Benefit Choice Options Booklet which is available on-line at **www.benefitschoice.il.gov** or contact SURS for information. Refer to page 9 for details.

Vision Plan

Vision Plan - There are no changes to the vision plan. Vision Service Plan (VSP) will continue to be the Vision Plan Administrator. See page 10 for Plan Administrator information.

Keep Up-to-Date on Details

To make sure you are provided with the most up-to-date information, you should periodically review the following:

- Annual Benefit Choice Booklet which details changes affecting all benefit programs each plan year.
- Health and dental information from the plan administrators in which you are currently enrolled or considering enrollment.
- Preferred Drug Lists are subject to change during the plan year without notice. Contact your Health Plan Administrator's Prescription Benefit Manager for detailed information.

Monthly Premium Information

Premiums are monthly charges and include the cost of health, dental and vision coverage. Benefit Recipients and/or Dependent Beneficiaries who enroll in a managed care plan will pay lower monthly premiums. **Corrections to eligibility that result in a premium change will only be processed up to six months retroactively. There are no exceptions to this policy.**

	Not Medicare Primary	Not Medicare Primary	Not Medicare Primary	Medicare Primary
Type of Plan	Under Age 23	Age 23-64	Age 65 & Above	All Ages
Benefit Recipient Managed Care Plans	\$58.39	\$145.97	\$203.18	\$62.55
Benefit Recipient Indemnity Plan (CCHP)	\$79.85	\$174.67	\$303.34	\$87.90
Dependent Beneficiary Managed Care Plans	\$233.55	\$583.86	\$812.71	\$250.21
Dependent Beneficiary Indemnity Plan (CCHP)	\$276.76	\$691.91	\$1,213.36	\$351.61

Frequently Asked Questions (FAQs) about Benefits

1) Who do I contact for more information about my benefits or to make changes to my existing coverage?

Contact SURS regarding enrollment, eligibility or to change your address. If SURS does not have your current address on file, you could miss important benefit information. Contact CMS for general information on coverage and benefits. For specific information on managed care plans, see page 10 for contact information.

2) Do I get a new medical and prescription drug identification card every plan year?

The only times you will receive an identification card are when you first enroll in the plan, if you change plans, if the plan administrator changes or if you request new cards. If you lose your identification card(s), you may request a replacement card(s) from your medical and prescription drug plan administrator listed on page 10.

3) I know managed care plans have geographic limitations. Will I have to change plans if I move?

If your current plan is available at your new location, you will remain under that plan unless your Primary Care Physician (PCP) is not accessible to you. Your managed care plan determines whether your PCP continues to be accessible. If your PCP is not accessible, you will need to select a new PCP or change plans. If you move out-of-state or out of the country, you will most likely have to enroll in the CCHP.

4) What if I want to terminate either my or my enrolled dependents' coverage under CIP?

Notify SURS in writing of your decision to terminate coverage. Cancellation will be effective the first of the month following receipt of the request. **You can only re-enroll yourself or your dependent upon turning 65 or if your coverage is terminated by your existing plan.**

5) What should I, or my dependent, do when we turn 65 or become eligible for Medicare due to a medical condition (Medicare Disability or Medicare ESRD)?

In most cases, you must enroll in both Medicare Parts A and B and send a copy of your Medicare card to SURS. If you or your dependent are actively working and eligible for Medicare or you have additional questions about this requirement, contact the Group Insurance Division, Medicare COB Unit. See page 10 for contact information.

Prescription Drug Plan

Important: Prescription drug benefit for members enrolled in CCHP, Health Alliance Illinois and HealthLink OAP.

Caremark is your Prescription Drug Plan Administrator if you are enrolled in one of the above listed medical plans. If you are not enrolled in one of the above mentioned managed care health plans, contact your health plan Prescription Benefit Manager for detailed prescription information. The coverage provides both in-network and out-of-network benefits. Most drugs purchased with a prescription from a physician or dentist are covered. No over-the-counter drugs will be covered, even if purchased with a prescription. The Preferred Drug List is available from Caremark and is subject to change at any time during the plan year.

Please review the Preferred Drug List and contact your physician to determine if a change in your prescription is appropriate. To contact Caremark, see page 10.

In-Network Benefits

The pharmacy network consists of retail pharmacies which accept the copayment amounts. For the most up-to-date information on network pharmacies, contact Caremark.

In-network benefits when using the Prescription Drug Identification Card:

- No plan year deductibles; no claim forms to file.
- Flat Copayments (1 to 30-day supply):
 - Generic \$ 7.00
 - Formulary Brand \$14.00
 - Non-Formulary Brand \$28.00
- The maximum days supply available at one fill is 60 days. However, the copayments described above will double for any prescription exceeding 30 days.
- When the pharmacy dispenses a brand drug for any reason, and a generic is available, the plan participant must pay the cost difference between the brand product and the generic product, plus the generic copayment of \$7.00.
- If only a brand drug is available, the copayment will be \$14.00 or \$28.00.
- When the price of a prescription is lower than the copayment, the pharmacist will collect the lower amount.

When medication is purchased at an in-network pharmacy without presentation of the Prescription Drug Identification Card, you will be charged the full retail cost of the medication. The claim will be processed as if the prescription was filled at an out-of-network pharmacy (see Out-of-Network Benefits).

Out-of-Network Benefits

Prescription drugs may be purchased at out-of-network pharmacies. Reimbursement will be at the applicable brand or generic **in-network** price minus the appropriate in-network copayment. In most cases, the cost of the prescription drugs will be higher when not using in-network pharmacies. Prescriptions filled by an out-of-network pharmacy will require the completion of a claim form (available from Caremark) and supporting documentation.

Mail Service Program

Maintenance medications are available through mail order at the following copayments:

- Flat Copayments (90-day supply):
 - Generic \$14.00
 - Formulary Brand \$28.00
 - Non-Formulary Brand \$56.00

Contact Caremark for mail order forms and information.

Coordination of Benefits (COB)

This Plan coordinates with Medicare and other group plans; the appropriate copayment will be applied for each prescription filled.

Exclusions

The Plan reserves the right to exclude or limit coverage of specific prescription drugs or supplies.

Medical Plan Comparison

Benefit	CCHP	HMO	OAP Tier I	OAP Tier II	OAP Tier III (Out-of-Network)
Plan Year Maximum Benefit	\$1,000,000	Unlimited	Unlimited	Unlimited	\$1,000,000
Lifetime Maximum Benefit	\$1,000,000	Unlimited	Unlimited	Unlimited	\$1,000,000
Patient Responsibilities					
Annual Out-of-Pocket Maximum • Per Enrollee	General: \$800 per enrollee Non-PPO Hospital: \$4,000 per enrollee	\$1500	Not Applicable	\$600	\$1,500
Other Deductibles/Copayments: Emergency Room	\$200	\$100	\$100	\$100 + 10% Network Charges	\$100 + 20% of U&C
Non-PPO/Out-of-Network Hosp.Adm.	\$200	No Coverage	See Tier III for benefit level	See Tier III for benefit level	\$300 + 20% of U&C
Annual Plan Deductible <i>Must be satisfied for all services</i>	\$500 CCHP Primary Participant (Non-Medicare) \$300 Medicare Primary Participant	\$0	\$0	\$200 Per Enrollee	\$300 Per Enrollee
Plan Benefit Levels Comparison*					
Inpatient	80% - PPO 70% or 60% Non-PPO	\$150 copayment	\$150 copayment	90% of network charges after \$200 copayment	80% of U&C after \$300 copayment
Outpatient Surgery	80% for PPO Network Provider	100%	100%	90% of network charges	80% of U&C
Diagnostic lab & X-ray	80% of U&C	100%	100%	90% of network charges	80% of U&C
Durable Medical Equipment	80% of U&C	80% of network charges	100% of network charges	90% of network charges	80% of U&C
Physician Office Visit	90% PPO 80% of U&C Non-PPO	\$10 copayment	\$10 copayment	90% of network charges	80% of U&C
Preventive Services	80% or 100% for specific services	\$10 copayment	\$10 copayment	90% of network charges	Covered In-Network Only
Examples of Out-of-Pocket Expenses*					
\$25,000 Expense Inpatient Hospitalization	\$800 Maximum PPO Out-of-Pocket	\$150 Admission Copayment In-Network	\$150 Admission Copayment In-Network	\$600 Maximum Out-of-Pocket In-Network	\$1,500 Maximum Out-of-Pocket
\$25,000 Expense Inpatient Out-of-Network Hospitalization	\$4,000 Maximum Out-of-Pocket	\$25,000 No Coverage at an Out-of-Network Hospital	\$25,000 No Coverage at an Out-of-Network Hospital	\$25,000 No Coverage at an Out-of-Network Hospital	\$1,500 Maximum Out-of-Pocket
\$15,000 Expense Outpatient Surgery	\$800 Maximum PPO Out-of-Pocket	\$0 In-Network	\$0 In-Network	\$600 Maximum Out-of-Pocket In-Network	\$1,500 Maximum Out-of-Pocket
\$1,000 Expense Emergency Room Visit	\$360 (\$200 ER Deductible + 20% PPO Coinsurance)	\$100 Copayment or 50% whichever is less In-Network	\$100 Copayment In-Network	\$190 (\$100 Copayment + 10% of Network Charges)	\$280 (\$100 Copayment + 20% U&C)
*Note: Benefit Levels are general guidelines and for comparison purposes only. These examples make assumptions and each claim is unique. Contact the plan administrator for specific coverage details. Each example assumes the annual plan deductible has been met. The cost estimates in each example represent the U&C (CCHP & TIER III) and network (HMO & TIERS I & II) charges for facilities only. The examples do not include physician charges.					

Managed Care Plans

There are 7 managed care plans from which to choose. Plans include Health Maintenance Organizations (HMOs) and an Open Access Plan (OAP). All offer comprehensive benefit coverage.

There are distinct advantages to selecting a managed care health plan – namely, lower out-of-pocket costs and virtually no paperwork. Like any health plan option, managed care has its limitations including geographic availability and limited provider networks. If you are considering a managed care plan you should explore and research the various plans available. Benefits are subject to the limitations outlined in the plan's Certificate of Coverage. Contact the managed care health plan administrator listed on page 10 for detailed information concerning the various levels of coverage provided.

Health Maintenance Organizations (HMOs)

HMOs operate on an "in-network" structure. Members select a Primary Care Physician (PCP) from the network of participating providers. In conjunction with the health plan, the PCP directs all healthcare services for the member, including visits to specialists and hospitalizations. When care is coordinated through the PCP, the member pays only a predetermined copayment. There are no annual plan deductibles for HMO plans.

Open Access Plan (OAP)

The plan is unique because it offers three benefit levels:

Tier I - offers the highest level of benefits - often 100% after a copayment if you use a Tier I network provider.

Tier II - generally pays at 90%, after you pay a deductible, if you use a Tier II network provider.

Tier III - gives you the flexibility of using an out-of-network provider. Benefits are generally paid at 80% of the usual and customary charges after you pay a deductible.

The plan provider directory contains separate listings of providers in the Tier I and Tier II networks so that you will know in advance the level of benefits you will receive. Another advantage of selecting the network providers is that they have met strict accreditation standards.

Important Reminders About Managed Care Plans

Provider Network Changes: Managed care plan provider networks are subject to change. **Always call the respective plan to verify participation of particular providers** - even if the information is printed in the plan's directory.

PCPs Leaving a Network: If your PCP leaves the managed care plan's network, you have three options: 1) choose another PCP within that plan; 2) change managed care plans; or 3) enroll in the College Choice Health Plan. The opportunity to change plans applies **only to PCPs leaving the network**. It does not apply to specialists or women's healthcare providers who are not designated as PCPs.

Out-of-County Managed Care Plans: If you are interested in enrolling in a managed care plan that is not available in your county of residence, contact the plan directly for more information.

Dependents: Eligible dependents who live apart from your residence for any part of a plan year may be subject to limited service coverage. It is critical to contact the managed care plan that you are considering to understand the plan's guidelines on this type of coverage.

June/July Hospitalizations: If you change health plans and you or your dependents are hospitalized in June, it is recommended you contact both your current plan/PCP and future plan/PCP well in advance.

Plan Year Limitations: Certain managed care plans may provide benefit limitations on a **calendar year**. In certain situations, the State's plan year may not coincide with the managed care plan's year.

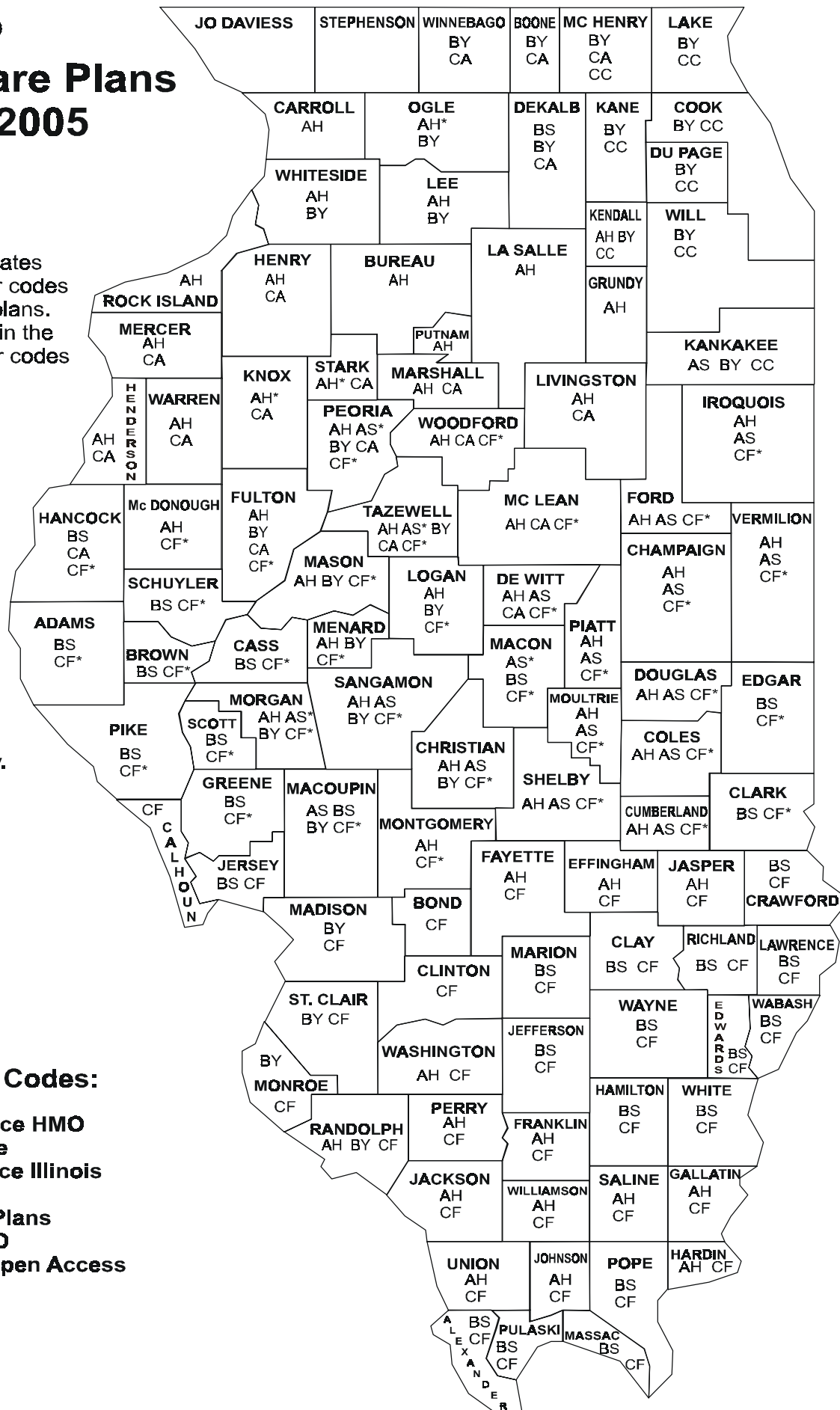
Transition of Services: If you know you are switching plans and you or your dependents are involved in an ongoing course of treatment or have entered the third trimester of pregnancy, it is imperative that you contact the new plan to coordinate the transition of services for your care.

Managed Care Plans in Illinois Counties

CIP Managed Care Plans For FY 2005

The key below indicates the two-letter carrier codes for HMO and OAP plans. Plans are available in the counties where their codes appear.

* If an asterisk appears by one of the managed care plans, it means the plan is new to that county.



HMO and OAP Codes:

AH = Health Alliance HMO
 AS = PersonalCare
 BS = Health Alliance Illinois
 BY = HMO Illinois
 CA = OSF Health Plans
 CC = UniCare HMO
 CF = HealthLink Open Access

The College Choice Health Plan (CCHP)

CCHP is a medical indemnity plan which offers a comprehensive range of benefits. The CCHP Medical Plan Administrator is CIGNA. Under CCHP, you choose any physician or hospital for general or specialty medical services, and receive enhanced benefits by using a CCHP Preferred Provider Organization (PPO) hospital, the CIGNA Healthcare PPO Network of providers and facilities. Magellan Behavioral Health is the CCHP Behavioral Health Administrator and is the Notification Administrator for mental health/substance abuse services. Intracorp is the CCHP Notification Administrator/Medical Case Management Administrator.

CCHP - Avoiding Monetary Penalties Through Notification

Notification is your telephone call to the Notification Administrator, informing them of an upcoming admission to a facility such as a hospital or skilled nursing facility, for a specified outpatient procedure, and for all levels of care for mental health/substance abuse services. Notification is your responsibility and avoids monetary penalties and maximizes your benefits.

There are certain situations where you must call the Notification Administrators to avoid a \$1,000 penalty and the risk of incurring non-covered charges for services not considered medically necessary. Examples may include an upcoming admission to the hospital (including a planned admission as well as an emergency or urgent admission) or skilled nursing facility, or if you are having certain procedures performed, such as surgery, whether emergency or non-emergency, an outpatient MRI, PET, SPECT and CAT scan, potential transplant procedure and infertility treatment.

Please review pages 40-41 and 57-59 of your 2002 Benefits Handbook for further details. See page 10 for Plan Administrator information.

CCHP- Hospital Preferred Provider Organizations (PPO)

A network of hospitals is available and provides an enhanced benefit of 80% by using a participating network provider. The network includes over 200 hospitals statewide. The Hospital PPO List is available at CIGNA's website. See page 10 for information.

CCHP- CIGNA HealthCare PPO Networks

CCHP non-Medicare members have available **nationwide** CIGNA HealthCare PPO providers, hospitals and facilities. An enhanced 90% benefit for professional fees and an 80% benefit for hospitals and facilities is available by using a participating network provider. The questions and answers below provide more information about this benefit feature. If you have additional questions contact CIGNA, see page 10.

What is the CIGNA HealthCare PPO Network?

The CIGNA HealthCare PPO Network is a nationwide network of physicians, hospitals and facilities that have agreed to participate at negotiated rates offering members an enhanced benefit.

What are the advantages of using a CIGNA HealthCare PPO Network provider?

The advantages of using providers participating in the network are that benefits for covered services are generally paid at an enhanced level and usual and customary limits will not be applied.

How do I access services from a CIGNA HealthCare PPO Network provider?

Just make an appointment with a network provider and present your CCHP identification card at the time of service.

What if I do not use a CIGNA HealthCare PPO Network provider?

Standard plan benefits, coinsurance levels, and usual and customary limits apply.

How can I find out which providers are participating in the CIGNA HealthCare PPO Network?

Access the participating provider list at CIGNA's website. See page 10 for information.

Dental Plan

College Choice Dental Plan (CCDP)

Everyone is automatically enrolled in CCDP. CCDP is administered by CompBenefits. Under CCDP, you may go to any dentist and receive benefits for an extensive range of services. CCDP reimburses covered services at a predetermined maximum allowable scheduled amount. You are responsible for any charges over the scheduled amount. For a detailed description of your dental plan, see the schedule of benefits in the previous year's (FY04) Benefit Choice Options Booklet, contact SURS or CompBenefits.

Benefits

Plan Design	College Choice Dental Plan (CCDP)
Annual Deductible	\$50 individual plan deductible for dental services other than those listed as "preventive or diagnostic" on the Schedule of Benefits.
Maximum Benefit Limit	\$1,200 per person per plan year after plan deductible. \$2,000 combined maximum, after deductible, on prosthetic, periodontic, surgical extraction and general anesthesia services accumulated every five years.
Maximum Benefit Level for Child Orthodontics (under age 19)	\$1,500 lifetime maximum depending on length of treatment after plan deductible. Orthodontic benefits count toward maximum annual benefits above. Contact CompBenefits for a pre-treatment estimate.
Claim forms	Required
Dentist selection	Choice of provider

Maximum benefits apply after required deductibles are met. All benefits are subject to CCDP exclusions (see page 77 of the 2002 Benefits Handbook).

Who to call for information...Plan Administrators

Plan Component	Contact For:	Plan Administrator's Name and Address	Customer Service Phone Numbers and Web Site Address
College Choice Health Plan (CCHP) Medical Plan Administrator	Medical service information, claim forms, ID cards, claim filing/resolution, and pre-determination of benefits.	CIGNA Group Number 2457490 CIGNA HealthCare P.O. Box 5200 Scranton, PA 18505-5200	(800) 962-0051 (nationwide) (800) 526-0844 (TDD/TTY) http://provider.healthcare.cigna.com/soi.html
CCHP Notification and Medical Case Management Administrator	Notification prior to hospital services. Non-compliance penalty of \$1,000 applies.	Intracorp, Inc. (no address required)	(800) 962-0051 (nationwide) (800) 526-0844 (TDD/TTY) http://provider.healthcare.cigna.com/soi.html
Prescription Drug Plan Administrator	Information on prescription drug coverage, pharmacy network, mail order drug, specialty pharmacy, ID cards and claim forms filing.	Caremark, Inc. Group Number 1399 Paper Claims: P.O. Box 686005 San Antonio, TX 78268-6005 Mail Order Prescriptions: P.O. Box 7624 Mt. Prospect, IL 60056-7624	(866) 212-4751 (nationwide) (800) 231-4403 (TDD/TTY) www.caremark.com
CCHP Behavioral Health Administrator	Mental Health and Substance Abuse notification, authorization, claim forms and claim filing/resolution.	Magellan Behavioral Health Group Number 2457490 P.O. Box 2216 Maryland Heights, MO 63043	(800) 513-2611 (nationwide) (800) 526-0844 (TDD/TTY) www.MagellanHealth.com
College Choice Dental Plan (CCDP) Administrator	Dental services, claim forms, ID cards and filing.	CompBenefits Group Number 970 P.O. Box 4677 Chicago, IL 60680-4677	(800) 999-1669 (312) 829-1298 (TDD/TTY) www.compbenefits.com
Vision Plan Administrator	Vision services, benefits, network providers, claim forms and filing.	Vision Service Plan (VSP) P.O. Box 997105 Sacramento, CA 95899-7105	(800) 877-7195 (800) 428-4833 (TDD/TTY) www.vsp.com
General Information	General information on the CIP health plans including Medicare COB issues.	CMS Group Insurance Division P.O. Box 19208 201 E. Madison Street Springfield, IL 62794-9208	(217) 782-2548 (800) 442-1300 (800) 526-0844 (TDD/TTY)
	General eligibility and enrollment information.	State Universities Retirement System (SURS) P.O. Box 2710 Champaign, IL 61825-2710	(800) 275-7877 (217) 378-8800 (TDD/TTY)

Healthcare Plan Name/Administrator	Toll-Free Telephone Number	TDD / TTY Number	Web Site Address
Health Alliance HMO	(800) 851-3379	(217) 337-8137	www.healthalliance.org
Health Alliance Illinois	(800) 851-3379	(217) 337-8137	www.healthalliance.org
HealthLink OAP	(800) 624-2356	(800) 624-2356, ext 6280	www.healthlink.com
HMO Illinois	(800) 868-9520	(800) 888-7114	www.bcbsil.com/stateofillinois
OSF Health Plan	(888) 716-9138	(888) 817-0139	www.osfhealthplans.com
PersonalCare	(800) 431-1211	(217) 366-5551	www.personalcare.org
Unicare HMO	(888) 234-8855	(312) 234-7770	www.unicare.com

CIP - Instruction Sheet For Benefit Recipient Group Insurance Form

Complete this form and mail to:
State Universities Retirement System, P.O. Box 2710, Champaign, IL 61825-2710

This form is used for initial enrollment into the program, or to process changes requested during the annual Benefit Choice Period. For initial enrollment, the entire form is to be completed. For Benefit Choice Period, only the appropriate carrier information or the dependent beneficiary information, if dependents are added, needs to be completed. Enter complete name and social security number (SSN). Check the appropriate box for initial enrollment or Benefit Choice, or both if enrolling during Benefit Choice Period.

SECTION I – Personal Information. Please type or print clearly.

Effective date of enrollment: Enter the date that coverage is effective. Please see the column entitled, “When will my coverage be effective?” located on page 1 of the Member Handbook. Enrollments requested during the Benefit Choice Period will always be effective July 1. **Marital Status:** S=Single, M=Married. **Birthdate:** Enter two-digit month, two-digit day and four-digit year. Example: 07/28/1945. **Sex:** M=Male, F=Female.

SECTION II – Medicare Status

Medicare Status – Check the box that correctly reflects your Medicare status.

Medicare Box 1 – You are under 65 years of age and ineligible for Medicare due to age.

Medicare Box 2, 4 or 5 – Provide specific Part A and Part B dates, and indicate whether Part A of Medicare is free. A copy of your Medicare Card(s) must accompany this form.

Medicare Box 3 – You are 65+ and ineligible for Medicare. A letter from Medicare stating ineligibility should accompany this form.

If you have **Medicare Part C**, indicate the type code from the following: **1. HMO 2. POS 3. PSO 4. PPO 5. Religious Fraternal Benefit Society Plan 6. Private Fee-for-Service Plan 7. Medical Savings Account (MSA) Plan.**

SECTION III – Address Information

Benefit Recipient Residential Address: Enter your address on the left-hand side of this section.

Other Addressee: If another person handles your personal affairs, complete the “Other Addressee” column.

The relationship space should be filled with one of the following codes:

1. Custodial Parent 2. Trustee 3. Power-of-Attorney 4. Legal Guardian

Date of Relationship: Enter the date that the other addressee was effective. **Send Mail to this address (Y/N).** You can choose to have mail sent to your other addressee by entering (Y) for yes in the “Send Mail to this Address” space. If you want mail sent to both addresses, enter (Y) for yes in both “Send Mail to this Address” spaces.

SECTION IV – Type of Enrollee

Check the box that reflects your appropriate eligibility status: **Benefit Recipient, Survivor of a Benefit Recipient, COBRA** (only applicable if you have had coverage under the College Insurance Program as a benefit recipient, or a dependent beneficiary).

Reason for Enrollment: This space should be completed with one of the following codes:

1. Application for Annuity 2. Benefit Recipient Turns 65 3. Coverage Terminated by Employer 4. Benefit Choice

Additional information on these four enrollment periods is located on page 1 of the Member Handbook.

Type of Enrollee: SURS Staff will complete this information.

SECTION V – Survivor Information

If you are enrolling as a survivor, please complete this section.

SECTION VI – Health Plan

If you are choosing: **College Choice Health Plan (CCHP)** check box 1; an **HMO or OAP Plan**, check box 2. **If you checked box 2, please indicate the name of the plan and enter the plan code.** The plan codes are listed in the Benefit Choice Booklet on page 14. **Enter the primary care provider’s six-digit number**, which can be found in the managed care provider directory of your chosen plan.

SECTION VII – Coordination of Benefits

If you are enrolled in another group health or dental plan, please complete the information requested in this section.

**College Insurance Program
Dependent Beneficiary Group Insurance Form**

CIP Benefit Recipient Name _____ SSN: _____ - _____ - _____

Initial Enrollment ☐ **Benefit Choice** (July 1 effective date) ☐

Complete this form if you are enrolling an eligible dependent beneficiary. If you need additional dependent forms, please contact SURS.

SECTION I Dependent's Personal Information: (Please print or type)

Dependent SSN: _____ - _____ - _____ Effective Date of Enrollment: _____ - _____ - _____
Last Name _____ First _____ Middle _____
Birthdate: (mm/dd/ccyy) _____ - _____ - _____ Sex: (M/F) _____ Retirement Date: (mm/dd/ccyy): _____ - _____ - _____

SECTION II Dependent's Medicare Status: (check one)

- 1 Non Medicare ☐ 3 Medicare Ineligible age 65+ ☐
2 Medicare Eligible age 65+ ☐ 4 Medicare Disability ☐
5 End Stage Renal ☐

If 2,4, or 5 was checked, complete the following and submit a copy of the Medicare Card:

Part A (Begin Date) _____ - _____ - _____
Part B (Begin Date) _____ - _____ - _____
Part C (Begin Date) _____ - _____ - _____
Part A Free (Y)____ (N)____ Part C Type Code: _____

Medicare Number: _____

SECTION III Dependent's Address Information:

Dependent Beneficiary Residential Address
(If different than Benefit Recipient)

City: _____
State: _____ ZIP Code: _____ + _____
County of Residence: _____
Country: _____
(for foreign address only)
Send Mail to this Address (Y/N): _____

Other Addressee Name and Address:

Name: _____
Address: _____
City: _____
State: _____ ZIP Code: _____ + _____
Country: _____
(for foreign address only)
Addressee SSN: _____ - _____ - _____
Relationship Code: _____
Date of Relationship: _____ - _____ - _____
Send Mail to this Address (Y/N): _____

SECTION IV Relationship: (Check One) *Supporting documentation required.

- | | | |
|--|---|---|
| 1 Spouse <input type="checkbox"/> | 4 Step Child* <input type="checkbox"/> | 7 Adjudicated Child* <input type="checkbox"/> |
| 2 Natural Child <input type="checkbox"/> | 5 Recognized Child <input type="checkbox"/> | 8 Student <input type="checkbox"/> |
| 3 Adopted Child <input type="checkbox"/> | 6 Legal Guardian* <input type="checkbox"/> | 9 Handicapped <input type="checkbox"/> |
| | | 10 Parent <input type="checkbox"/> |

Reason for Enrollment: _____

SECTION V Health Plan: (Check Plan of Benefit Recipient)

- College Choice Health Plan (CCHP) 1 ☐
HMO or OAP Plan 2 ☐

If choosing an HMO or OAP Plan, please provide the following:

Plan Name: _____
Plan Code: _____
Primary Care Provider #: _____

SECTION VI Coordination of Benefits:

If you are enrolled in another group health or dental plan, please complete the following:

Health/Dental	Begin Date	Carrier Name
_____	_____ - _____ - _____	_____
_____	_____ - _____ - _____	_____

The authorization for my dependent beneficiary coverage election is to remain in effect until I provide written notice to the contrary. The statement and answers contained in this application are complete and true. I agree to abide by all rules and to furnish any additional information requested. My signature below confirms that I understand all above options selected and authorize the release of information to the health plan I select and the State of Illinois.

CIP Benefit Recipient Signature: _____ Date: _____ - _____ - _____

(Signature required)

Instruction Sheet for Dependent Beneficiary College Insurance Program

Complete this form and mail to:
State Universities Retirement System, P.O. Box 2710, Champaign, IL 61825-2710

This form is used for initial enrollment of a dependent beneficiary into the program, or to process changes requested during the annual Benefit Choice Period. For initial enrollment of the dependent beneficiary, the entire form is to be completed. For Benefit Choice Period, only the appropriate carrier information or the dependent beneficiary information, if dependents are added, needs to be completed. Enter the name and social security number of the CIP participant. (This is not the dependent beneficiary you are enrolling but the person receiving the annuity). Check the appropriate box of Initial Enrollment or Benefit Choice, or both if enrolling during Benefit Choice Period.

SECTION I - Dependent's Beneficiary Personal Information

Dependent SSN: Enter the dependent's nine digit social security number. **Effective date of enrollment:** Enter the date that coverage is effective. Please see the Member Handbook Page 1, Enrollment Periods, for coverage effective dates. **Name:** Enter the dependent's complete name. **Birthdate:** Enter two-digit month, two-digit day and four-digit year. Example: 07/28/1945. **Sex:** M=Male, F=Female. **Retirement Date:** If your dependent is retired from a place of employment, enter the retirement date.

SECTION II - Dependent's Medicare Status

Medicare Status - Check the box that correctly reflects the dependent recipient's Medicare status.

Medicare Box 1 - The Dependent Beneficiary is under 65 years of age and ineligible for Medicare due to age.

Medicare Box 2, 4 or 5 - Provide specific Part A and Part B dates and indicate whether Part A of Medicare is free. A copy of the Medicare Card(s) must accompany this form.

Medicare Box 3 - The Dependent Beneficiary is 65+ and ineligible for Medicare. A letter from Medicare stating the dependent's ineligibility should accompany this form.

If your dependent has Medicare Part C, indicate the type code from the following:

1. HMO 2. POS 3. PSO 4. PPO 5. Religious Fraternal Benefit Society Plan
6. Private Fee-for-Service Plan 7. Medical Savings Account (MSA) Plan.

SECTION III - Dependent's Address

Dependent Beneficiary Residential Address: Enter the dependent beneficiary's address only if it is different from the member's address. **Other Addressee:** If another person handles the dependent beneficiary's personal affairs, complete the "Other Addressee" column. The relationship space should be filled with one of the following codes:

1. Custodial Parent 2. Trustee 3. Power of Attorney 4. Legal Guardian

Date of Relationship: Enter the date that the dependent's relationship with the other addressee was effective. **Send Mail to this address (Y/N).** You can choose to have mail sent to your other addressee by entering (Y) for yes in the "Send Mail to this Address" space. If you want mail sent to both addresses, enter (Y) for yes in both "Send Mail to this Address" spaces.

SECTION IV - Dependent's Relationship

Check the box that reflects the correct relationship of the dependent beneficiary to the participant receiving an annuity. For the following relationships additional documentation is needed:

4 - Step-child: Written documentation from the benefit recipient that the child lives with the benefit recipient in a parent-child relationship.

6 - Legal Guardian: A copy of the court decree which established the benefit recipient as legal guardian for a child under 18 years of age.

7 - Adjudicated Child: A copy of the court decree which establishes the benefit recipient's financial responsibility for the child's health care.

Reason for Enrollment: This space should be completed with one of the following codes: 1. Benefit Recipient Application for Annuity 2. Dependent Beneficiary turns 65 3. Coverage terminated by employer 4. Benefit Choice

SECTION V - Health Plan

Dependents must be enrolled in the same plan as the benefit recipient.

If you are choosing: **College Choice Health Plan (CCHP) check box 1;** an **HMO or OAP, check box 2.** If you checked box 2, please indicate the name of the plan and enter the plan code. The plan codes are listed in the Benefit Choice Booklet on page 14. Enter the primary care provider's six-digit number, which can be found in the managed care provider directory of your chosen plan. Enrolling in a health plan automatically enrolls you in dental and vision plans.

SECTION VI - Dependent Coordination of Benefits

If you are enrolled in another group health or dental plan, please complete the information requested in this section.

**Illinois Department of Central Management Services
Bureau of Benefits
PO Box 19208
Springfield, IL 62794-9208**

**PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE
PAID**

**SPRINGFIELD, IL
PERMIT NO. 489**

**Printed by the authority of the State of Illinois
(CMS-BEN2002-02-4.5M-05/04)
Printed on recycled paper**